

**Fill in this information to identify your case:**

Debtor 1 ROBIN ALTIERI  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: EAST District of PA

Case number (if known) 19-12872 mdc

**FILED**

MAY 30 2019

Check if this is:

☐ An amended filing.

☒ A supplement showing postpetition Chapter 13 expenses as of the following date: 05/03/2019  
MM / DD / YYYY

BY THY MCGRATH, CLERK  
DEBEN CLERK

## Official Form 106J

# Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Your Household

**1. Is this a joint case?**

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

**2. Do you have dependents?**

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No
- ☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Brother

Son

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

51

34

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- ☐ No
- ☒ Yes
- ☐ No
- ☒ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

**3. Do your expenses include expenses of people other than yourself and your dependents?**

- ☐ No
- ☒ Yes

### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

**4. The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

Your expenses

4. \$ 800.00

4a. \$ 300.00

4b. \$ 50.00

4c. \$ 450.00 monthly

4d. \$ 0

Debtor 1

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**Your expenses**

5. **Additional mortgage payments for your residence**, such as home equity loans 5. \$ 0
6. **Utilities:**
- 6a. Electricity, heat, natural gas 6a. \$ 240.00
- 6b. Water, sewer, garbage collection 6b. \$ 32.00
- 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 50.00
- 6d. Other. Specify: 6d. \$ 0
7. **Food and housekeeping supplies** 7. \$ 150
8. **Childcare and children's education costs** 8. \$ 0
9. **Clothing, laundry, and dry cleaning** 9. \$ 0
10. **Personal care products and services** 10. \$ 0
11. **Medical and dental expenses** 11. \$ 0
12. **Transportation.** Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 50
13. **Entertainment, clubs, recreation, newspapers, magazines, and books** 13. \$ 0
14. **Charitable contributions and religious donations** 14. \$ 0
15. **Insurance.** Do not include insurance deducted from your pay or included in lines 4 or 20.
- 15a. Life insurance 15a. \$ 0
- 15b. Health insurance 15b. \$ 0
- 15c. Vehicle insurance 15c. \$ 40
- 15d. Other insurance. Specify: N/A 15d. \$ 0
16. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. \$ 0
17. **Installment or lease payments:**
- 17a. Car payments for Vehicle 1 17a. \$ 0
- 17b. Car payments for Vehicle 2 17b. \$ 0
- 17c. Other. Specify: 17c. \$ 0
- 17d. Other. Specify: 17d. \$ 0
18. **Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).** 18. \$ 0
19. **Other payments you make to support others who do not live with you.** Specify: Support of son - Disabled 19. \$ 100.00
20. **Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**
- 20a. Mortgages on other property 20a. \$ 0
- 20b. Real estate taxes 20b. \$ 0
- 20c. Property, homeowner's, or renter's insurance 20c. \$ 0
- 20d. Maintenance, repair, and upkeep expenses 20d. \$ 60
- 20e. Homeowner's association or condominium dues 20e. \$ 0

Debtor 1

ROBIN ALIERI  
First Name Middle Name Last Name

Case number (if known)

19-12872mdc

21. Other. Specify: \_\_\_\_\_

21. +\$ 0

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ 1720

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ 0

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ 1720

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 2090

23b. Copy your monthly expenses from line 22c above.

23b. -\$ 1720

23c. Subtract your monthly expenses from your monthly income.  
The result is your monthly net income.

23c. \$ 370

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☒ Yes.

Explain here:

Substantial Increase due to Regular Employment AS A(CNA) I am Certified Nurse Assistant who is using Self Employment At this time due to unhappy Circumstance in the last 2 years. Thank You.